



Who are we?

The Corner is a young person's substance misuse service works with any young people between the ages of 8 and 18 who live in Sheffield. We offer a flexible, non-judgmental, confidential and accessible service.

Central to everything we do is that we are young person-centred, meaning that the support we provide is led by the needs of young people and change is not imposed upon them. We aim to provide the support, education and personal resources to enable young people to make sustained and lasting change.

What we offer

- **One-to-one** young person-centred interventions which promote positive change. This can include advice and information on drugs, harm reduction and structured psychosocial sessions. We have a prescribing service and we offer prescribing treatment to young people where required as part of a clinical treatment plan.
- **Group work** sessions for young people, which provide education and advice to prevent and reduce the harms of drugs and alcohol. These sessions are run across the city in a wide range of venues and are tailored to suit the needs of each client group.
- **Training courses** for professionals working with young people in Sheffield. These are available free of charge to anyone supporting young people in our city. We have a rolling programme of training days and we can also provide in-house training tailored to the needs of each organisation. If you want something more informal like us to attend your service team meeting please get in touch.
- We offer **telephone advice** and information to young people, their families and workers. Call for more information and ask to speak to one of our duty workers – **0114 275 2051**

How to make a referral



For any information or queries regarding referrals please contact us on **0114 275 2051**



Email completed referral forms to: Thecorner.sheffield@cgl.org.uk



Post completed referral forms to 91 Division Street, Sheffield, S1 4GE

How to book onto one of our training courses

Visit our website where you will find dates for our next available training sessions, including Basic Substance Misuse Aware and NPS (legal highs) training.



www.thecornersheffield.com

THE CORNER – REFERRAL FORM

Date of referral completed:	
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Has the young person agreed to this referral:	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Is the parent/carer aware of this referral:	Yes <input type="checkbox"/>	No <input type="checkbox"/>

Young Persons Details	
Name:	Date of Birth:
Ethnicity and first language:	Gender:
Address:	Can we write: Yes <input type="checkbox"/> No <input type="checkbox"/>
Postcode:	
Contact Number:	Can we phone: Yes <input type="checkbox"/> No <input type="checkbox"/>

Reasons for referral

Please provide an overview of the reasons for referral to The Corner: (what substances/amounts are being used/how long/who with/impact of substance use on y.p)

How do you feel The Corner could support this young person and do you feel they are ready to engage?:

Please provide details of any other agencies/professionals involved with young person/family:

Any further Information you feel relevant: (school/home life/physical/emotional health)

Where would Y.P like to be seen?:

Who is the initial appointment to be made with?: Referrer Y.P Other

Safeguarding and Risk	
Is the young person LAC: Yes <input type="checkbox"/>	No <input type="checkbox"/>
Is the young person involved with social care: Yes <input type="checkbox"/>	(please complete below) No <input type="checkbox"/>
Child in Need Plan <input type="checkbox"/>	
Child Protection Plan <input type="checkbox"/>	
Further Details: (to include name and contact details of any social worker)	
Is it safe to complete home visits: Yes <input type="checkbox"/> No <input type="checkbox"/>	
If no please give further details:	
Are there any other risks or vulnerabilities in relation to young person/family that we need to be aware of:	

Parent/Carer Details	
Name:	Contact Number:
Address: (if different from above)	
Can we contact?: Yes <input type="checkbox"/> No <input type="checkbox"/>	

Referrer Details	
Name:	Organisation:
Relationship to young person:	
Contact Number:	Email:
Address:	
Postcode:	

Please return completed referrals to thecorner.sheffield@cgl.org.uk

Or post to The Corner– 91 Division Street, Sheffield, S1 4GE

If you have any questions please contact The Corner on 0114 2752051

For internal use only:

Allocated worker:	Date:
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